Signature

July 3, 2003

Please type a plus sign (+) inside this box PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY						
PATENT APPLICATION						
TRANSMITTAL						

01-441 Attorney Docket No. **KAMEYA** First Inventor or Application Identifier METHOD AND APPARATUS FOR CORRECTING

		RESOLVER OUTPUT						
Only for new nonprovisional applications under 37 C.F.R.§ 1.53(b))	Express	ress Mail Label No.						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application	/6120					
* Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	_	5. Microfiche Computer Program (Appendix)						
-Descriptive title of the Invention -Cross Reference to Related Applications -Background of the Invention -Summary of the Invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure 3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 4 4. Oath or Declaration [Total Sheets 3 a. X Newly executed (original or copy) b. Copy from a prior application (37 C.F.R. § 1.6 (for continuation/divisional with Box 16 completed in DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application see 37 C.F.R. § 1.63(d)(2) and 1.33(b)]] 1] 1] 1] 1] 1] 1	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. X Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§ 3.73(b) Power of Attorney (when there is an assignee) 9. English Translation Document (if applicable) 10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Statement (IDS)/PTO-1449 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (should be specifically itemized) *Small Entity 13. (PTO/SB/09-12) Statement filed in prior application 14. X Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. Other:						
NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	8)							
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: Prior application information: Examiner Group/Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Anterious code label here) Or Correspondence address below								
Name PATENT TRADEMARK OFFICE								
Address								
City	State	Zip Code						
Country Telep	hone	(703) 707-9110 Fax (703) 707-9112						
Name (Print/type) DAVID G. POSZ		Registration No. (Attorney/Agent) 37,701						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Alexandria, VA 22313-1450.



PTO/SB/17 (10-01)

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FEE TRANSMITTAL for FY 2003		Complete if Known				
		Application Number				
		Filing Date	July 3, 2003			
		First Named Inventor	KAMEYA			
Patent fees are subject to a	nnuai revision.	Examiner Name				
Applicant claims small entity status. See 37 CFR 1.27		Group/Art Unit				
TOTAL AMOUNT OF PAYMENT	(\$) 874	Attorney Docket No.	01-441			

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)						
1. The Commissioner is hereby authorized to charge indicated			ONAL				
fees and credit any overpayments to:	Large Entity Small Entity Fee Description			Fee Description	Fee Paid		
Deposit	Code	(\$)	Code	(\$)			
Account Number 50-1147		130	2051	65	Surcharge – late filing fee or oath		
	1052	50	2052				
Deposit Account Name POSZ & BETHARDS, PLC	1053	130	1053	130	Non-English specification		
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	1812	2,520	1812	2,520	For filing a request for reexamination		
2. X Payment Enclosed:	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
Check Money Order Other	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month		
1. BASIC FILING FEE	1252	410	2252	205	Extension for reply within second month		
Large Entity Small Entity	1253	930	2253	460	Extension for reply within third month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	1254	1450	2254	725	Extension for reply within fourth month		
1001 750 2001 375 Utility filing fee 750	1255	1970	2255	985	Extension for reply within fifth month		
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of Appeal	-	
1003 520 2003 260 Plant filing fee	1402	320	2402	160	Filing a brief in support of an appeal		
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding		
	1452	110	2452	55	Petition to revive – unavoidable		
SUBTOTAL (1) (\$) 750	1453	1,300	2453	650	Petition to revive – unintentional		
2. EXTRA CLAIM FEES	1501 1300 2501 650 Utility issue fee (or reissue)						
Fee from Extra Claims Below Fee Paid	1502	470	2502	235	235 Design issue fee		
Total Claims 12 -20**= 0 x 18 = 0	1503	630	2503	315	Plant issue fee		
Independent Claims X 84 = 84	1460	130	1460	130	Petitions to the Commissioner		
Multiple Dependent	1807	50	1807	50	Petitions related to provisional applications		
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	1806	180	1806	180			
Fee Fee Fee Fee Description Code (\$) Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20	1809	750	2809	375	(37 ČFR § 1.129(a))		
1201 84 2201 42 Independent claims in excess of 3	examined (37 CFR § 1.129(b))						
1203 280 2203 140 Multiple dependent claim, if not paid						1	
1204 84 2204 42 **Reissue independent claims over original patent	S Other fee (specify)						
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent	Other fee (specify)						
SUBTOTAL (2) (\$) 84	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40						

SUBMITTED BY Complete (if applicable)						oplicable)
Name (Print/Type)	DAVID G. POSZ	_	Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110
Signature	0	\mathcal{I}			Date	July 3, 2003

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